possible mechanisms by which these paralyses may occur: (1) Pressure on the plexus, (a) exerted between the clavicle and transverse processes of the vertebræ, and (b) between the clavicle and the first rib; (2) tension on the roots or plexus from the position of the arm; (3) tension from position of the head or neck, the arm being abducted.

NOYES, New York.

IMPERATIVE CONCEPTIONS. L. Harrison Mettler (Medical Record, April 4, 1903).

Imperative conceptions or ideas are those involuntary, unrelated persistent notions that spring up in the minds of many victims of nervous disease. Though found in many states of mental and physical debility, they belong essentially and entirely to the psychoses. A sharp distinction should be made between the imperative conceptions of the sane and the insane. In the sane the person's judgment remains unaltered; he tries to resist them and often succeeds. The imperative conceptions of the insane become for the time being the patient's very ego. The insane delusion is deeper and more influential than the imperative conception, entering into the constitution of his ego, and coloring and outlining his objective world. The so-called imperative idea, on the other hand, is recognized by the patient to be a mere subjective phenomenon, annoying and persistent though it may be. It may involve all the faculties of the mind, not alone the imagination, but there are usually no distinct hallucinations or delusions with these impulsive conceptions. Insane delusions are, primarily, the result of a diseased cortex; imperative conceptions are the result generally of disease outside the brain.

NOYES (New York).

NEURITIS FROM WHOOPING COUGH. Charles E. Aldrich (N. Y. Medical Journal, June 6, 1903).

Neuritis may attend or follow any of the acute infections, especially those characterized by prolonged high fever, marked disturbance of nutrition and great prostration. The author reports a case of a child aged four, who, after whooping-cough, developed weakness, pain in the legs, weakness of grasp of hands, nasal speech and regurgitation of fluids from the nose, diminution of knee jerks and loss of touch and pain sense in the hands and feet. Recovery came after twelve weeks. Various forms of paralysis have been observed to complicate or follow whooping-cough. Literature proves that it is rare. Sixty-two cases reported were cerebral in origin. Several cases of general peripheral neuritis were collected from literature.

W. B. NOYES, New York.

DEVELOPMENT AND CARE OF CHILDREN. J. C. Cook (Journal of the American Medical Association, June 6, 1903).

The changes in the nervous system from birth to maturity afford us many examples of the differences between the child and adult. At birth the central nervous system, as well as the peripheral, is almost entirely unmedullated. Hence we find the fibers of the spinal cord, the medulla, corpus quadrigeminus and the pons varolii mainly somatic. The motor nerves receive their attachments much earlier than the inhibitory centers are developed, hence the objectless movement that characterizes the unmeasured exercise of the young. Thus maturity is gradual, and full growth is only reached between puberty and adult life. It is our duty to guard and conserve every atom of energy through this period of unfolding and budding life, realizing that they are bundles of possibilities unsolidified, which begin at the beginning and end we know not where. The study of biology teaches that the higher the organism, the slower the development, hence the necessity of a long period of protection and care. Take with this the long periods of stress and functional demands on the nervous system and we can realize the greater necessity for a wise and careful guardianship. The writer urges strict control of the question of child labor, and advises a commission of five members, at least two of whom shall be physicians, to have jurisdiction over all educational and labor questions.

W. B. NOYES, New York.

EFFECTS OF THE STREPTOCOCCUS ON THE CORTICAL NERVE CELL IN MENINGITIS. Leonard K. Hirshberg (Maryland Medical Journal, July, 1903).

Autopsy: Male, thirty-nine years. Clinical diagnosis: Fractured skull, cerebro-spinal meningitis, myocarditis, endocarditis, pyemia, pneumonia at base of right lung.. Anatomical diagnosis: Purulent traumatic cerebrospinal meningitis, depressed fracture of skull; rupture of dura, depression and bruising of right cortex; fatty liver. Brain: Subarachnoid space contains exudate, consisting of two zones. Inner zone, in contact with cortex, consists of network of fibers, including many cells with long vesicular nuclei, surrounded by much less staining cytoplasm. Probably proliferated endothelial cells from serous surfaces and lymph spaces of membrane. Few poly morphs nuclear leucocytes in the zone. Outer zone consists, almost, of poly morps nuclear leucocytes. Tissues of pia richly infiltrated and thickened by exudate of pus cells, in which numerous proliferated endothelial cells are made out. Weigert's method shows moderate number of streptococci in exudate. Cortical sections, from area of Rolando, stained by Nissl, show disappearance of tigroid bodies from cells. Many cells also exhibit loss of nuclei. Cells shrunken and distorted where nuclei remains. Nuclei swollen, vesicular, limiting membrane at times in contact with body wall of cell. Eccentricity frequent as to nuclei and nucleoli. Direct or immediate action of the toxin of the streptococcus seem probable.

J. E. CLARK, New York.

THE EPILEPTIC AURA. William P. Spratling (Medical News, July 18, 1903).

Four types of auras are studied: (1) Psychic, (2) sensory, (3) motor, (4) irregular. In a close analysis of 815 males and 510 females, 36 per cent were found to have a sensory aura of some sort, 4 per cent had a psychic aura, and 2 per cent a motor aura. Of the entire number, 45 per cent had some aura, 55 per cent none. The sensory auras are not only common, but extremely varied, affecting any of the special senses, including marked perversions of the same, and being brief or rather prolonged. Visual auras predominate, and appear either as flashes of light or colors, or optical delusions, or temporary blindness. The epigastric aura appears in 15 per cent of all cases, and is the most frequent. The problem in epilepsy is to determine whether the initial disturbance, the thing that breaks up the rythmic periodicity of the respiratory impulse, is to be sought in the respiratory center primarily, or whether it lies somewhere in the periphery, in the stomach, or elsewhere, and represent the original source of the epilepsy. For instance, when a case with epigastric aura suffers from periodic indigestion, gastric catarrh or flatulence, the probability is that the same cause makes the aura and the flatulence, and there is some subtle agent in the unknown field of chemical pathology.

W. B. NOYES, New York.